

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

In re: Nancy Bailey

Petition Number 96III-010-002

**PRELICENSURE CONSENT ORDER**

WHEREAS, Nancy Bailey of North Southbury, Connecticut (hereinafter "respondent") has applied for licensure to practice as a registered nurse to the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice as a registered nurse under the Connecticut General Statute Chapter 378.
2. On April 17, 1996, respondent was terminated from employment as a staff registered nurse at Aristocrat Brea, Brea, Ohio because of conduct which did not conform to accepted standards of her profession.
3. The foregoing constitutes grounds for the denial of her application for licensure pursuant to Section 19a-14 of the Connecticut General Statutes.

NOW THEREFORE, pursuant to Section 19a-14 of the Connecticut General Statutes, respondent hereby stipulates and agrees to the following:

1. That she waives any right to a hearing on the merits of her application for licensure.
2. That after satisfying the requirements for licensure as a registered nurse as set forth in Chapter 378 of the Connecticut General Statutes, respondent's license to practice as a registered nurse will be issued.
3. That her license to practice as a registered nurse in the State of Connecticut shall immediately upon issuance be placed on probation for two (2) years or until respondent is discharged from therapy as provided herein, whichever occurs first.

The terms and conditions of probation shall be as follows:

- a) Respondent, at her own expense, shall engage in therapy and counseling with a licensed psychologist, psychiatrist or social worker (hereinafter "therapist") approved by the Department.
- b) Respondent shall provide a copy of this Prelicensure Consent Order to her therapist.
- c) Her therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Prelicensure Consent Order within fifteen (15) days of the effective date of this Prelicensure Consent Order.

- d) The therapist shall submit quarterly reports for the period of probation which shall address, but not necessarily be limited to, respondent's ability to practice as a registered nurse. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has expired.
  - e) If the respondent's therapist determines that a reduction in therapy is warranted or that respondent should be transferred to another therapist, the therapist shall advise the Department. Said reduction in frequency of therapy and/or respondent's transfer to another therapist shall not occur until approved by the Department.
  - f) If the respondent's therapist determines that therapy is no longer necessary, the therapist shall advise the Department within ten (10) days of said discharge.
  - g) Respondent shall comply with the therapist's recommendations for treatment.
  - h) The therapist shall immediately notify the Department in writing if respondent discontinues compliance with any of the recommendations for treatment.
  - i) The Prelicensure Consent Order shall be deemed successfully completed upon discharge from therapy.
4. That respondent shall comply with all state and federal statutes and regulations applicable to her license.

5. That all quarterly reports are due on the tenth business day of every third month commencing with the reports due December 1996.

6. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant  
Department of Public Health  
410 Capitol Avenue MS#12LEG  
PO Box 340308  
Hartford, Connecticut 06134-0308

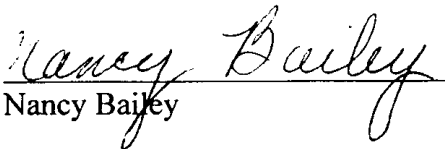
7. That any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's registered nurse license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the recession of the licensure shall be sent by the Department to the respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

8. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.


9. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.

10. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.
11. That she understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with Section 20-99 of the Connecticut General Statutes, as amended, is at issue.
12. That this Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the Connecticut General Statutes, provided that this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or of the United States.
13. That this Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
14. That this Prelicensure Consent Order is effective when accepted and approved by the duly appointed agent of the Department.
15. That she understands this Prelicensure Consent Order is a matter of public record.
16. That she understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

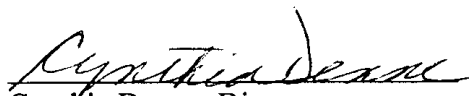
I, Nancy Bailey, have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

  
Nancy Bailey

Subscribed and sworn to before me this 29<sup>th</sup> day of Oct., 1996.

  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 5<sup>th</sup> day of November, 1996 it is hereby ordered and accepted.

  
Cynthia Denne, Director  
Division of Health Systems Regulation



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

November 8, 1996

Nancy Bailey  
630 Main Street, North  
Southbury, CT 06488

Dear Ms. Bailey:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for licensure as a registered nurse in the State of Connecticut.

Connecticut license number R53421 has been issued to you. Effective the date of this letter, you are eligible to begin the practice of registered nurse as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being issued. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, in writing of any future changes of name and/or address. Such notification to the Department is required by law, and failure to provide same will jeopardize the status of your license.

Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in timely manner each year in the month of your birth.



Phone: (860) 509-7570  
Telephone Device for the Deaf 1-860-509-7191  
410 Capitol Avenue - MS # \_\_\_\_\_  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

November 8, 1996

Page 2 of 2

If you have any questions, please do not hesitate to contact this office at (860) 509-7570.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debra L. Johnson".

Debra L. Johnson  
Health Program Associate  
Applications and Examinations

cc: Debra Tomassone, HSS,L&R  
Kay Zarrella, SNC  
Stanley Peck, Director, Legal Office

Petition Number 96III-010-002